



# APPLICATION FOR CIVIL SERVICE POSITIONS STATE OF HAWAII

## DEPARTMENT OF HEALTH

Personnel Office, 1250 Punchbowl Street, Room 122  
Honolulu, Hawaii 96813

### GENERAL INSTRUCTIONS: Please type or print legibly in ink.

The information you provide will be used to determine whether you qualify for the job(s) for which you are applying.

- Before applying, read the job requirements described in the **Announcement** carefully to determine if you qualify for the job.
- Any additional required forms described in the **Announcement** can be obtained from this office.
- Answer the questions completely and accurately. Your application may be rejected if it is incomplete or you may be disqualified or dismissed from employment if you provide false information.
- You must notify this office in writing of any changes to your name, address, telephone number or availability information.
- We will not be responsible for any mail or correspondence which does not reach you.
- Your application and supporting documents are confidential and become our property. Please keep copies for your own record.
- The information you submit on this form may be verified.
- The information on pages 1 and 2 will not be released to persons involved in the appointment process.

*The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.*

### 1. CITIZENSHIP STATUS.

Place a checkmark in the appropriate block:

- A. ☐ Citizen of the U.S.  
B. ☐ National of the U.S.  
C. ☐ Permanent Resident Alien of the U.S.  
D. ☐ Other - Non-citizen of the U.S.

Are you authorized under federal law to work in the U.S.  
without restrictions?

☐ Yes ☐ No Type of Visa \_\_\_\_\_

### 2. UNITED STATES MILITARY SERVICE.

**Veterans Preference I claim** (see description below)

☐ 5 points ☐ 10 points

Serial or Service No.: \_\_\_\_\_

Date Entered Service: \_\_\_\_\_

Date Separated From Service: \_\_\_\_\_

Type of Last Separation:

☐ Honorable ☐ Other than honorable

**5 points** veterans preference may be awarded to honorably separated veterans who served on active duty in the U.S. Armed Forces:

- A. During the period December 7, 1941 to July 1, 1955;  
B. For more than 180 consecutive days from Jan. 31, 1955 through Oct. 14, 1976 (Not including initial active duty for training under Reserve or National Guard programs);  
C. In a campaign or expedition for which a campaign badge or service medal was authorized.

**10 points** veterans preference may be awarded to:

- A. Honorably separated veterans with service-connected disability; including those awarded the Purple Heart;  
B. The spouse of an honorably separated veteran with a service-connected disability which disqualifies the veteran from State positions in his/her usual occupation;  
C. An unmarried, surviving spouse of a person who died while on active duty, or of an honorably separated veteran who served during the periods cited above.

*To receive 5 points, you must submit a copy of your DD-214 showing dates of honorable service with this application. To receive 10 points, you must submit an official statement from the Veterans Administration or armed service dated within the past 12 months which confirms your qualification to receive 10 points preference. Spouses or widows must also submit evidence of marriage, and, as applicable, veteran's death.*

3. \_\_\_\_\_  
**JOB TITLE(S) APPLYING FOR**

4. \_\_\_\_\_  
**RECRUITMENT NUMBER(S)**

5. **NAME:** \_\_\_\_\_  
Last First Middle

**MAILING**  
6. **ADDRESS:** \_\_\_\_\_  
P.O. Box or Number and Street

City State Zip Code

7. **PHONE**  
**NUMBER:** \_\_\_\_\_  
Home Other

**SOCIAL**  
**SECURITY**  
8. **NUMBER:** \_\_\_\_\_

### 9. CERTIFICATE OF APPLICANT

I hereby certify that all statements in this application are true and correct to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the service of the State of Hawai'i. I have read the terms or conditions stated on this application and understand that there may be additional employment-related tests as required.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Original Signature of Applicant

Information requested in items 10 through 14 is needed to make determinations on your suitability for employment. Convictions, dismissals from employment or dishonorable separations from military service do not automatically disqualify you from employment. The circumstances of each individual case will be evaluated against the requirements of the position for which you have applied, to determine suitability for employment. The information on this page will not be released to persons involved in the appointment process.

**10. DISMISSALS FROM EMPLOYMENT AND/OR DISHONORABLE SEPARATIONS FROM MILITARY SERVICE**

Within the past five years, were you:

- A) Fired, terminated for cause, dismissed, discharged or asked to resign from employment? ..... ☐ YES ..... ☐ NO
- B) Separated from military service under conditions other than honorable? ..... ☐ YES ..... ☐ NO

(If you answer "Yes" to question 10A or 10B, please indicate in item #14 below, the date and reasons for your dismissal from employment or separation from military service. For dismissals from employment, provide also the name and address of the employer.)

**11. CONVICTION OF A VIOLATION OF LAW**

- A) Have you been convicted of a violation of law?..... ☐ YES ..... ☐ NO

Report state, federal, military, international and other convictions.

NOTE: In answering this question, you need NOT report the following:

- (1) Arrests not followed by convictions;
- (2) Convictions which were annulled or expunged;
- (3) Offenses for which you were tried as a minor or juvenile;
- (4) Convictions of offenses punishable by fine only. (You must report any conviction that could have resulted in a jail sentence even if your sentence was only a fine. If you are in doubt, please answer "YES" and explain in item #14 below.)
- (5) Convictions of a misdemeanor in which the period of 20 years has elapsed since the date the sentence was fulfilled and during which elapsed time there has not been any subsequent arrest or conviction.

- B) Within the past three years, have you been convicted of any offense related to controlled substances? ..... ☐ YES ..... ☐ NO

- C) Have you ever been convicted of any act, attempt, or conspiracy to overthrow the State or federal government by force or violence?..... ☐ YES ..... ☐ NO

(If you answer "Yes" to question 11A, 11B, or 11C, indicate in item #14 below, the date, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

**12. SUSPENSION OR REVOCATION OF LICENSE**

- Was your license or certification to practice in a regulated profession (for example, physician, engineer, nurse, plumber, etc.) ever suspended or revoked? ..... ☐ YES ..... ☐ NO

(If you answer "Yes," please indicate in item #14 below, the type of license; the date; the state; the specific board or organization that suspended or revoked your license; the circumstances of the suspension or revocation; and any other relevant information you wish to provide.)

**13. SETTLEMENTS OR AGREEMENTS**

- Have you accepted a settlement, a cash buyout such as through the State's Separation Incentive Program, or, are you subject to any restriction limiting or precluding you from seeking or securing employment with the State of Hawai'i? ..... ☐ YES ..... ☐ NO

**14. USE THIS SPACE TO EXPLAIN ANY "YES" ANSWERS TO THE QUESTIONS ABOVE.**

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# EDUCATION AND EMPLOYMENT HISTORY

1. RECRUITMENT NUMBER(S): \_\_\_\_\_ 2. JOB TITLE(S) \_\_\_\_\_

The information you provide will be used to determine whether you meet public employment requirements and the minimum qualification requirements in the Class Specifications. Federal laws (Title VII of the Civil Rights Act of 1964, the Civil Rights Act of 1991, and the Americans with Disabilities Act) prohibit employers from discriminating on the basis of race, color, religion, sex, national origin, or disability. The Age Discrimination in Employment Act prohibits discrimination on the basis of age. Chapter 378, H.R.S., prohibits employers from discriminating on the basis of race, sex, sexual orientation, age, religion, color, ancestry, disability, marital status, or arrest and court record except where it is a bona fide occupational qualification. The federal laws apply to all forms of employment decisions and actions, including pre-employment inquiries. The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

3. NAME: \_\_\_\_\_  
 Last First Middle  
 Other names used \_\_\_\_\_  
 (including maiden names) \_\_\_\_\_

MAILING  
 4. ADDRESS: \_\_\_\_\_  
 P.O. Box or Number and Street  
 City State Zip Code

PHONE  
 5. NUMBER: \_\_\_\_\_  
 Home Other

SOCIAL SECURITY  
 6. NUMBER: \_\_\_\_\_

7. EDUCATION: When verification is required, the documentation must be submitted at the time of the application. If not, you may not receive credit for the training and/or your application may be considered incomplete and rejected. The information you provide in this section will be used strictly in the evaluation of your qualifications for the position(s) for which you are applying. Your responses may be verified.

DO NOT  
WRITE  
IN THIS  
SPACE

A. NAME AND LOCATION (city and state) of last grade school attended: (elementary, intermediate or high school) \_\_\_\_\_ Highest Grade Level Completed \_\_\_\_\_ Date of Graduation (Month, Year) \_\_\_\_\_

B. TRAINING: In-service training, business, trade, armed forces, college or university, graduate of professional schools.

NAME & ADDRESS	Course or Major Field of Study	Number of Credits or Hours Completed		Kind of Degree, Diploma or Certificate Received	Date Received
		Semester	Quarter		

## 8. OTHER QUALIFICATIONS

A. LICENSE OR CERTIFICATE: Please indicate the kind, registration number, and the state or other licensing authority. *If proof of evidence is required, please submit a copy or present for verification.*

B. KNOWLEDGE OF LANGUAGE OTHER THAN ENGLISH: List the language and check the appropriate block(s). Some positions require the ability to speak, read, and/or write in a language other than English.

LANGUAGE	SPEAK	READ	WRITE

C. SPECIAL QUALIFICATIONS: Include membership in professional or scientific societies, honors, awards, fellowships, publications (list but do not submit unless requested), etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**9. EXPERIENCE: Please type or print legibly in ink.** Begin with your present or last employment/training and work backwards. Describe all employment/training, including military service and volunteer work. Use separate blocks if your duties and responsibilities changed while working for the same employer. To receive full credit for your experience, describe in detail the tasks you were assigned. If you supervised others, explain your duties as a supervisor and indicate the number and job duties of employees you supervised. If more space is needed provide the information on a blank sheet titled "Experience" and attach it to this form. Information you submit on this form may be verified.

**Please complete this section even if you are attaching a resume or other documents.**

<b>Your Present or Last Position</b>	Employer _____	From: _____ Month Year
	Address _____	To: _____ Month Year
	Name and Title of Your Supervisor _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer
	Your Title _____	Average hours worked per week _____
	Duties and Responsibilities _____	Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____
Employer _____	From: _____ Month Year	
Address _____	To: _____ Month Year	
Name and Title of Your Supervisor _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer	
Your Title _____	Average hours worked per week _____	
Duties and Responsibilities _____	Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____	
Employer _____	From: _____ Month Year	
Address _____	To: _____ Month Year	
Name and Title of Your Supervisor _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer	
Your Title _____	Average hours worked per week _____	
Duties and Responsibilities _____	Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____	
Employer _____	From: _____ Month Year	
Address _____	To: _____ Month Year	
Name and Title of Your Supervisor _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer	
Your Title _____	Average hours worked per week _____	
Duties and Responsibilities _____	Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____	

## EMPLOYMENT AVAILABILITY INFORMATION

State of Hawaii Department of Health - 1250 Punchbowl Street, Room 122, Honolulu, HI 96813

Name: \_\_\_\_\_

Last First M.I.

2. Social Security Number:

Recruitment No.	Job Title	DOH Use Only				
		Acc	Rej	Code(s)	RV	VP

I will consider jobs in the locations checked below:

### OAHU

- ☐ **Ewa** (Includes Makakilo, Kapolei, Barber's Point, Ewa Beach)  
☐ **Waipahu to Aiea** (Includes Waikale, Waipio, Pearl City)  
☐ **Halawa to Kalihi** (Includes Aliamanu, Airport, Salt Lake, Moanalua, Mapunapuna, Kapalama, Palama, Sand Island, Iwilei)  
☐ **Downtown** (Includes Nuuanu, Pauoa, Makiki-Kapiolani, Ala Moana)  
☐ **Manoa to Kahala** (Includes Moiliili, McCully, Waikiki, Kapahulu, Kaimuki, Palolo, Waialae to Wailupe)  
☐ **Aiea Haina to Hawaii Kai**  
☐ **Waimanalo to Kailua**  
☐ **Kaneohe to Kualoa** (Includes Kahaluu, Waiahole, Waikane)  
☐ **Kaaawa to Kahuku** (Includes Punahuu, Hauula, Laie, Kahuku)  
☐ **North Shore** (Includes Sunset Beach, Waimea, Haleiwa, Waialua, Mokuleia)  
☐ **Wahiawa/ Kunia/ Mililani**  
☐ **Waianae Coast** (Includes Maili, Nanakuli, Waianae, Makaha)

### HAWAII

- ☐ **Hilo** (Includes Papaikou, Pepeekeo, Honomu, Hakalau, Ninole, Papaaloa, Laupahoehoe)  
☐ **Honokaa / Hamakua** (Including Ooala, Paauilo, Peauhau, Haina, Kukuihaele)  
☐ **Kamuela / Kohala / Waikoloa** (Includes Halaula, Papaau, Hawi, Kawaihae)  
☐ **Kona** (Includes Keahole, Kailua-Kona, Holualoa, Keauhou, Kealahou, Captain Cook, Honaunau)  
☐ **Ka'u** (Includes Ocean View, Naalehu, Pahala)  
☐ **Puna** (Includes Hawaii Volcanoes Nat'l Park, Volcano, Kurtistown, Mountain View, Keaau, Pahoa, Kapoho)

### MAUI

- ☐ **Wailuku/ Kahului** (Includes Puunene, Paukukalo, Waiehu, Waihee)  
☐ **Lahaina**  
☐ **Maalea/ Kihei/ Wailea**  
☐ **Hana**  
☐ **Makawao** (Includes Pukalani, Paia, Haiku, Haliimaile)  
☐ **Kula**

### KAUAI

- ☐ **Lihue** (Includes Hanamaulu)  
☐ **Kapaa** (Includes Wailua, Kealia, Anahola)  
☐ **Hanalei** (Includes Kilauea, Princeville, Haena)  
☐ **Waimea** (Includes Kokee, Kekaha, Kaumakani, Hanapepe, Eleele, Port Allen, Kalaheo)  
☐ **Koloa** (Includes Lawai, Omao)

### LANAI

- ☐ **Lanai City**

### MOLOKAI

- ☐ **Kaunakakai** (Includes Maunaloa, Hooilehua, Kualapuu)  
☐ **Kalaupapa**

I will accept a job which is ☐ Permanent ☐ Temporary ☐ At a lower rate of pay

I am interested in jobs which are ☐ Full-time ☐ Part-time

I have a driver's license: ☐ Yes ☐ No Type of license \_\_\_\_\_

Note: If you wish to change your selections at a later date, please submit a new form reflecting your updated availability choices to the DOH Personnel Office, Attn: Recruitment and Examination Section at the above address.